

APPLICANT SCREENING QUESTIONNAIRE

Montana Department of Commerce Section 8 Housing Program

Family MemberDate of BirthSocial Security Number

Add Additional Members on separate page

Have you or any other family member ever received Housing Assistance? Yes No

If yes, where _____

Have you or any other family member ever been evicted from Public Housing, Indian Housing, Section 23 or any Section 8 Housing Program? Yes No

Does any family member owe money to any Public Housing Agency? Yes No

If yes, state name of Public Housing Agency and amount owed. _____

Does anyone in your household use any drugs considered to be illegal by the Federal or Local Government?

Yes No If yes, which member? _____

Have any family members ever: **1)** Been arrested or convicted of any crimes? Yes No **2)** Engaged in drug-related criminal activity? Yes No **3)** engaged in violent criminal activity? Yes No

If 1, 2, or 3 is yes, list specific instances and dates _____

Is any family member subject to a lifetime registration requirement under a State sex or violent offender registration program? Yes No If yes, list name of State _____

Does anyone in your household have a pattern of conduct that has interfered with the health, safety, or right to peaceful enjoyment of other residents? Yes No

If yes, please explain _____

Has any household member ever used a different name? Yes No

If yes, which member and other name _____

I certify that the above information is true and correct to the best of my knowledge. I also understand that false statements or information are punishable under Federal law. Providing fraudulent information is grounds for denial of housing assistance.

Signature of Head of Household_____
Current Mailing Address